

Senior Community Service Employment Program
Host Agency Application

Name of Agency: _____ FEIN _____

Street/Mail Address: _____

City/State/Zip Code: _____

Agency Contact Information

Name and Title	Phone	Fax
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Type of Agency:

Federal Government

County Government

State Government

Municipal Government

Non Profit organization (tax exempt under 501(c)(3) of the Internal Revenue Code of 1954)

Attach copy of the IRS certification of non-profit status)

Funding Sources:

Please indicate the percentage of the agency's funding as provided by the following sources:

Federal Government	_____ %	State Government	_____ %
Local Government	_____ %	Private Sector	_____ %

Fiscal Year:

July to June

January to December

October to September

Other _____

Agency Service Population:

General Population

Over 55 population

Circle the activity that best describes your agency:

- | | | |
|------------------------------------|----------------------------------|--------------------------|
| 1. Education | 6. Environmental Quality | 11. Counseling |
| 2. Health and Hospitals | 7. Public Works & Transportation | 12. Conservation |
| 3. Housing and Home Rehabilitation | 8. Social Services | 13. Community Betterment |
| 4. Employment Assistance | 9. Legal | 14. Other _____ |
| 5. Recreation, Parks, and Forests | 10. Financial | _____ |

Briefly describe the purpose of your agency:

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Please list the community service assignment, location, and supervisor contact information for each assignment. Attach Community Service Assignment description for each assignment title listed.

Assignment Title	Name of Site/Address	Supervisor Name/Phone

Employment:

Will the agency be able to employ the participant upon successful completion of training?

Yes, provided that funding is available.

No, there is not a reasonable expectation that funding will be available.

If no, what will agency do to help the participant obtain employment?

Maintenance of Effort:

I verify that this training position constitutes a new expanded service and is not a violation of maintenance of effort regulations of the U.S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without assistance from SCSEP. Positions funded under SCSEP shall result in an increase in employment opportunities over those which would otherwise be available may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours of non- overtime work, wages or employment benefits; may not impair existing contracts for service or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed; may not substitute program jobs for existing federally assisted jobs; may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.)

Signature of Authorized Agency Representative

Date

Printed Name and Title of Authorized Agency Representative

Date